

Work Order ID: 92011

October-19-12 1:19:33 PM

Item ID: 647.1813

Revision ID:

Item Name: Angle

Start Date: 19/10/2012 Start Qty: 2.00

Accept

\*92011\*

Required Date: 02/11/2012 Req'd Qty: 2.00

\*2\*

\*N900040100\*

Setup

Start

\*NS1\*

Stop

\*NS2\*

Reference:

Approvals: Process Plan: M65

Date: 12-10-19 Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date: SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
647.1800	N/C								

110

\*110\*

Waterjet

FLOW CNC Waterjet

2024 .063

Memo

1-Cut as per Dwg  
Dwg Rev: N/C  
Prog Rev: N/C

2-Deburr if necessary

120

\*120\*

QC

Quality Control

QC2- Inspect parts off machine FAI/FAIB

0.00

0.00

Scrap  
WOW grain  
dotted z

2 0 Jm 12-11-01

0 Jm 12-11-01

\*92011\*

\*N900040100\*

Setup

Start

\*NS1\*

Stop

\*NS2\*

NCR: Yes / No

DQA: Date: ✓

## **WORK ORDER NON-COMPLIANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	General			Bend	Grain	Ovalized	Pressure/Forced				
Centre Not Concentric to O/S				BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure				
Cracks				Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld				
Crushed/Crimped.				Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled				
Cuffs				Contamination	Maintenance	Part Moved					
Heat Treat				Countersink	Mislabeled	Positioned Wrong					
Inspection Strip in Tube				Cut Too Short	Misread	Power Loss/Surge					
Ripples in Bend				Drill Holes	Offset						
Torque Waves in Extrusion				Drawing	Out of Calibration						
Turning Sequence				Finish	Out of Sequence						
Wave/Twist in Tube				Folio	Outside Dimensions						

**Work Order ID 92011**

October-19-12 1:19:33 PM

**\*92011\***

Page 2

Item ID: 647.1813

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Angle

Stop

**\*NS2\***

Start Date: 19/10/2012 Start Qty: 2.00

**\*2\***

Cust Item ID:

Required Date: 02/11/2012 Req'd Qty: 2.00

**\*2\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_

Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run

Start

**\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130

QC8- Inspect parts - second check

0.00

DAS

15

9-89

2

**\*130\***

QC

Quality Control

Memo

0.00

140

Form as per dwg

0.00

**\*140\***

Brake NC

Brake NC

Memo

0.00

Pb →

150

QC5- Inspect part completeness to step on W/O

0.00

**\*150\***

QC

Quality Control

Memo

0.00

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: JW Date: 13/07/10

QA Closed:

Date:

13/7/10

Work Order:	92011				DISPOSITION	AGAINST DEPARTMENT/PROCESS					
Part No.	WFT.1813				Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>		
NCR No.	13-2802										
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data				Found when forming Part Cylindrical Directi was not count on Part.	(DAS 16 07/07/16 13/07/16)	- Scrap + Desty. No Repln	MM 13-07-08	S 13/07/08	(DAS 16 07/07/16)		
Equip/Tooling				R.C. & water jet operator cut part incorrectly		20.83 K 13/07/16					
Operator				RC GRAIN DIRECTION							
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend					<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced				
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route					<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure				
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged					<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld				
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs					<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled				
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination					<input type="checkbox"/> Part Moved					
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink					<input type="checkbox"/> Positioned Wrong					
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short					<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other				
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes										
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing										
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish										
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio										

**Work Order ID 92011**

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**\*92011\***

Page 3

Item ID: 647.1813

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Item Name: Angle

Stop

**\*NS2\***

Start Date: 19/10/2012 Start Qty: 2.00

**\*2\***

Cust Item ID:

Required Date: 02/11/2012 Req'd Qty: 2.00

**\*2\***

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	<b>*NR1*</b>
	QC:	Date:	SPC (Y/N):	Date:		Stop	<b>*NR2*</b>

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 <b>*160*</b> Outsource4	Outsource process-Anodize per QSI017 4.1.10.1  Outsource process - Anodize	0.00  ISSUE P/O: HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)							
170 <b>*170*</b> Packaging	Receive & Inspect for Damage & Mat'l Certs  Packaging	0.00							
180 <b>*180*</b> QC	QC5- Inspect part completeness to step on W/O  Quality Control	0.00  Memo							

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other			
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear			General							
Bending		Bend		Grain		Ovalized		Pressure/Forced		
Centre Not Concentric to O/S		BOM/Route		Hardware		Over/Under tolerance		Temperature/Cure		
Cracks		Broken/Damaged		Inspection Incomplete		Part Incorrect		Weld		
Crushed/Crimped.		Burrs		Instructions Incomplete/Unclear		Part Lost/Missing		Wrong Stock Pulled		
Cuffs		Contamination		Maintenance		Part Moved				
Heat Treat		Countersink		Mislabeled		Positioned Wrong				
Inspection Strip in Tube		Cut Too Short		Misread		Power Loss/Surge				
Ripples in Bend		Drill Holes		Offset						
Torque Waves in Extrusion		Drawing		Out of Calibration						
Turning Sequence		Finish		Out of Sequence						
Wave/Twist in Tube		Folio		Outside Dimensions						



NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						

**Work Order ID 92011**

October-19-12 1:19:33 PM

**\*92011\***

Page 5

Item ID: 647.1813

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Item Name: Angle

Stop

**\*NS2\***

Start Date: 19/10/2012 Start Qty: 2.00

**\*2\***

Cust Item ID:

Required Date: 02/11/2012 Req'd Qty: 2.00

**\*2\***

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	<b>*NR1*</b>
						Stop	<b>*NR2*</b>

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
220 <b>*220*</b> QC	QC21- Final Inspection - Work Order Release	0.00							
Quality Control	Memo	0.00							

U(2-11-27)

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled						

**Picklist Print**

October-19-12 1:19:36 PM

Page 1

Work Order ID: 92011

**\*92011\***  
**\*647 1813\***

Parent Item: 647.1813

Parent Item Name: Angle

Start Date: 19/10/2012

Required Date: 02/11/2012

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP REV:A 12.10.03 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S.063		Purchased	No			110	sf	72.4700	0.088	0.185263	0.2		

**\*M2024T3S 063\***

2024-T3 .063 sheet

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT022	72.47	
119916	0.1	
121197	16.32	
123096	56.05	123096

Jm 12-11-01

NCR: Yes / No

DQA: Date: \_\_\_\_\_

## **WORK ORDER NON-COMPLIANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending				Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>				
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
Cracks				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
Crushed/Crimped.				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
Cuffs				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
Heat Treat				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
Inspection Strip in Tube				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>					
Ripples in Bend				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>	Other <input type="checkbox"/>					
Torque Waves in Extrusion				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
Turning Sequence				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

1 2 3 4 5 6 7 8

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REV:	1	ISSUE DATE:	12-10-19	PRINTED:	12-10-19
1ST FLOOR DRAWING NO:	647.1800	2ND FLOOR DRAWING NO:		3RD FLOOR DRAWING NO:	
OTHER ELEVATION:		4TH FLOOR DRAWING NO:		5TH FLOOR DRAWING NO:	

NOTES:

1 MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ-A-250/4

2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III,  
CLASS 2, COLOR BLACK;  
CARDINAL 4860-50 PRETREATMENT PRIMER  
PRIME IAW MIL-P-2337J TYPE I CLASS N

3. DEBURR AND BREAK ALL SHARP EDGES

4. IDENTIFY IAW MPP-120

SHOW:

RISER:

ENGR:

UNCONTROLLED

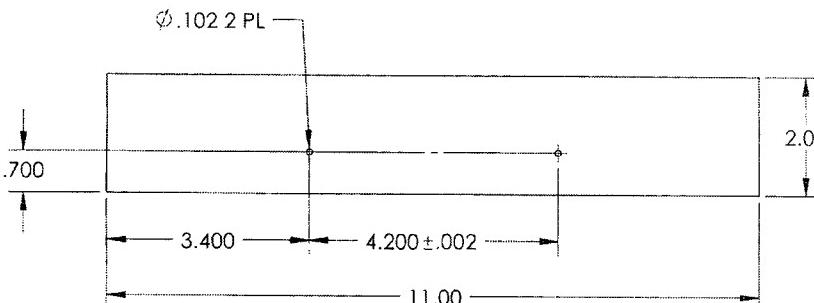
SUBJECT TO:

WITNESS:

WORK:

NO\_ 92011 MLC  
12-10-19

647.1810



.063

			FIND #	PART #	DESCRIPTION	MATL	SPEC.
				647.1818	NOSE DOOR SPACER		
				647.1817	SUPPORT, RH		
				647.1816	SUPPORT, LH		
				647.1815	GUSSET, RH		
				647.1814	GUSSET, LH		
				647.1813	ANGLE		
				647.1812	SHIM		
				647.1811	SPACER		
				647.1810	NOSE DOOR DOUBLER		
					DESCRIPTION	MATL	SPEC.
QTY							
NEXT ASSY (\$)							
ORIGINAL DATE	12-10-19	DRAWN BY	TCHEKNER				
REVISIONS		DESIGNED BY	P SPANO				
647.1800		APPROVAL	92				
		REQ'D BY	000102				
		CONTACT#					
LAWSON SPECIFIED							
COLLEGE SPECIFIED							
TOLERANCES ARE							
0.000 TO 0.000							
5 PLACE DECIMALS							
ANGLES ± 1°							
177 PAGE CODE	DWS	100	B	07M26	647.1800	N/C	
SCALE	NONE						
SHEET	1 OF 7						

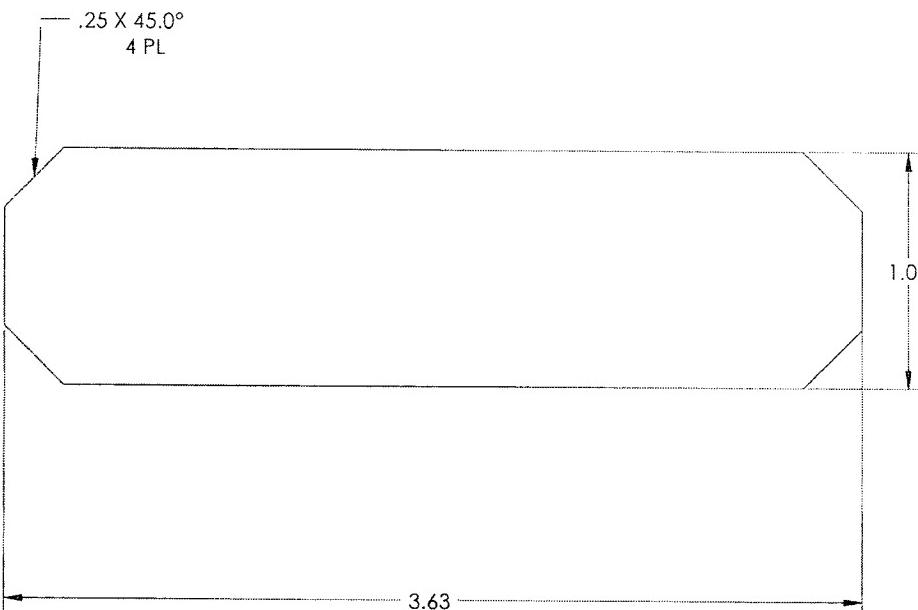
APICAL INDUSTRIES  
2608 TEMPLE HEIGHTS DR.  
OCEANSIDE, CA. 92056-3512 (760)724-5300

SHEETMETAL

177 PAGE CODE DWS 100 B 07M26 647.1800 N/C  
SCALE NONE SHEET 1 OF 7

1 2  
3 4 5 6 7 8  
92011

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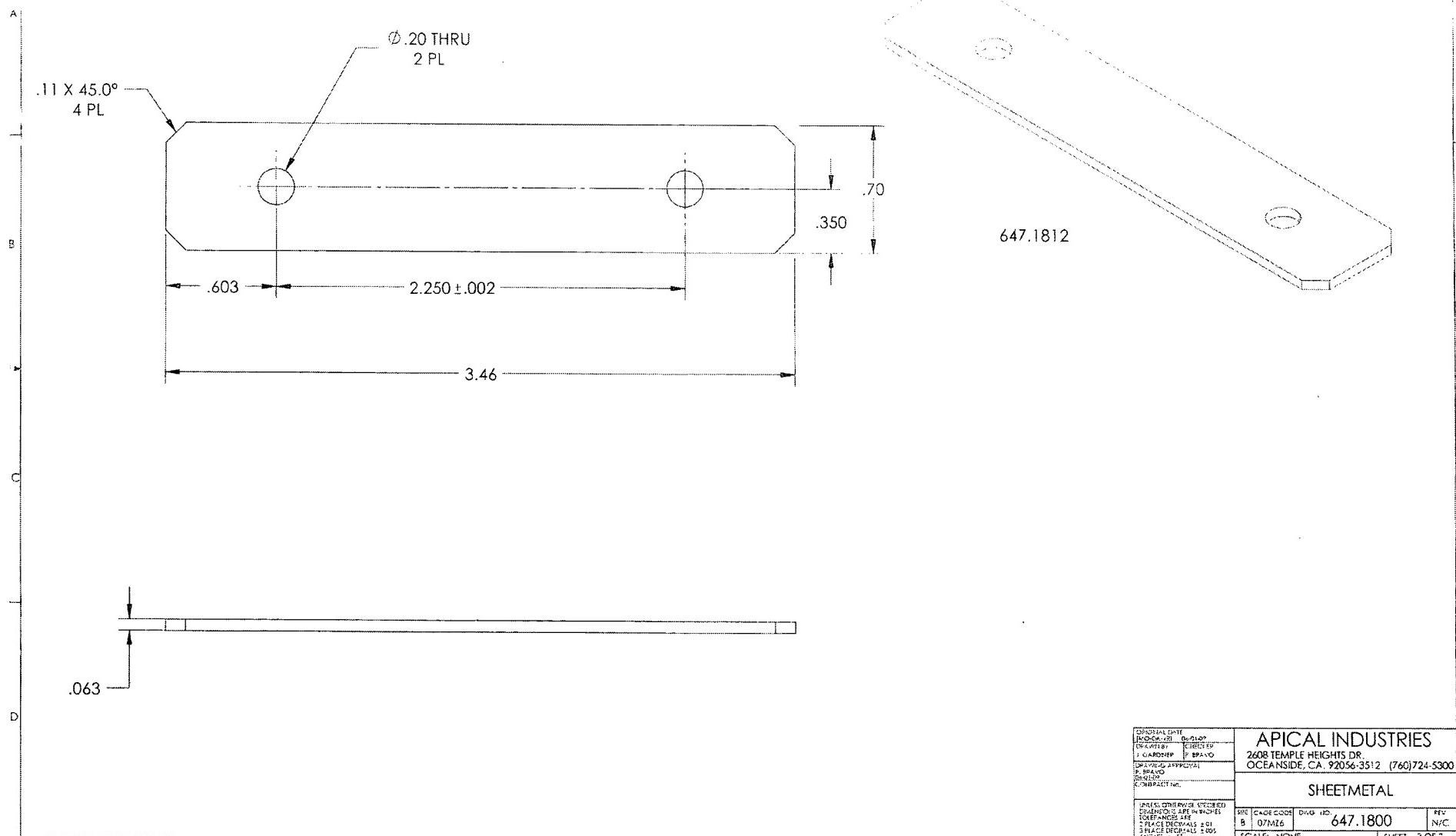


647.1811

CHARGE DATE 02/16/08	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
DRAWN BY J. GARDNER	TECH/CAD P. NAVO
DRAWING APPROVAL S. COLE	DK/COLE
CONTACT: H. COLE	
UNLESS OTHERWISE SPECIFIED DIVISIONS ARE IN INCHES STRAIGHTNESS ± .015 FLATNESS ± .015 3 PLACE DECIMALS ± .005 ANGLES ± 5°	
SEE DRAWING NO. B 07M26	DRAW. NO. 647.1800
REV. N/C	SCALE: NONE
SHEET 2 OF 7	

92011

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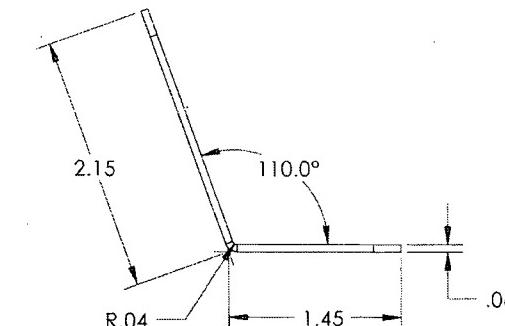
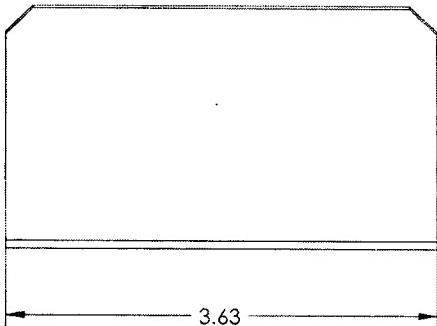
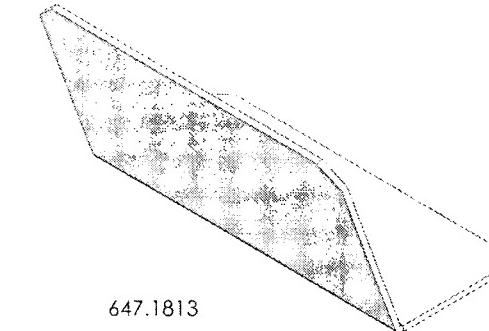
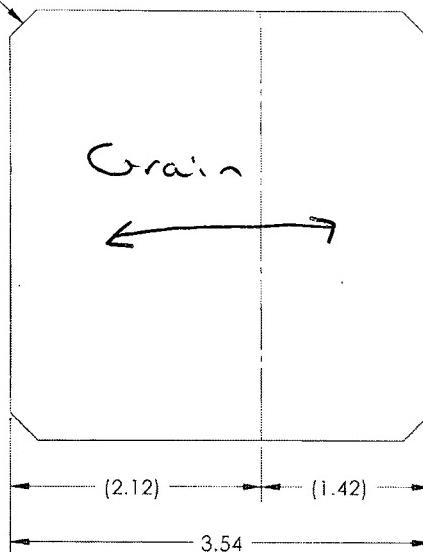


APICAL INDUSTRIES	2608 TEMPLE HEIGHTS DR.
	OCEANSIDE, CA 92056-3512 (760)724-5300
<b>SHEETMETAL</b>	
PRINTS CONTINUED ON REVERSE SIDE	
DRAWINGS ARE IN INCHES	
1 PLACE DECIMALS ± .01	
3 PLACE DECIMALS ± .005	
DEGREE ± 3'	
B CAGE CODE	Dwg No. 647.1800 Rev. N/C
B 07M16	
SCALE NONE	Sheet 3 OF 7

1 2  
3 4 5 6 7 8 92011

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.23 X 45.0°  
4 PL



DESIGNER DATA	DRWNS BY	CHUCKP
TECHNICAL	TECHNICAL	P BRAVO
DRAWER'S APPROVAL		
DATE 08/02/02		
CONTRACT NO.		
UNLESS OTHERWISE SPECIFIED		
DIMENSIONS ARE IN INCHES		
2 PLACE DECIMALS & OI		
PLACE DECIMALS & OI		
REV	CASE CODE	DOC NO
B	07M26	647.1800
SCALE: NONE		
PEV		
SHEET 4 OF 7		

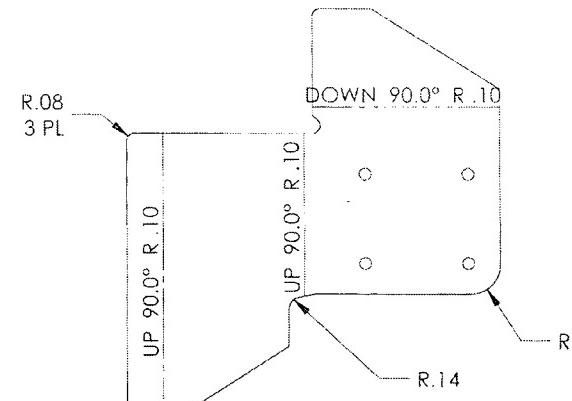
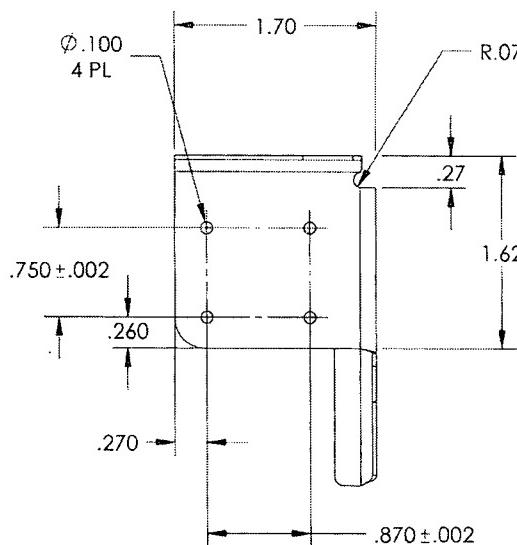
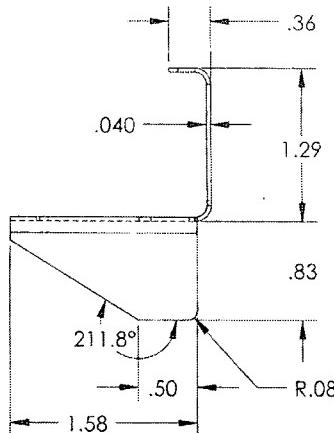
APICAL INDUSTRIES  
2608 TEMPLE HEIGHTS DR.  
OCEANSIDE, CA. 92056-3512 (760)724-5300

SHEETMETAL

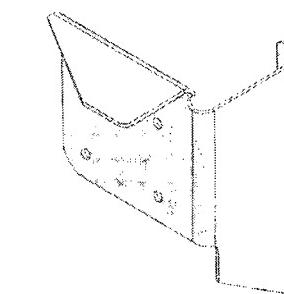
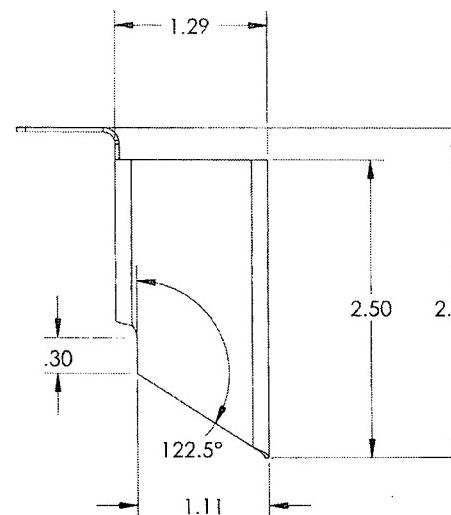
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8

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FLAT PATTERN



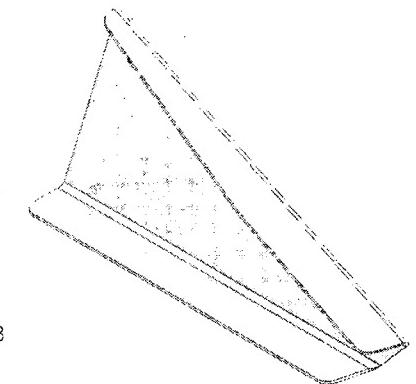
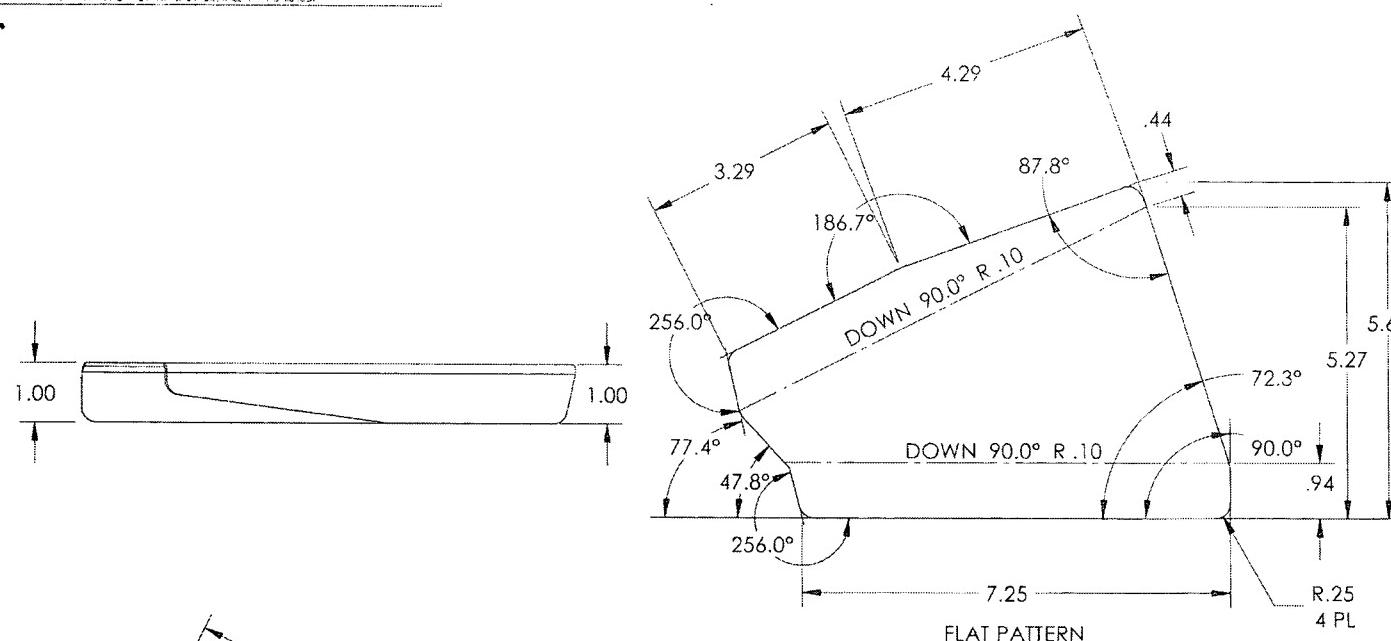
647.1814 SHOWN  
647.1815 OPPOSITE

DRAWN BY: [Signature]		DESIGNED BY: [Signature]
J. GARDNER		P. BRAVO
APRIL 10, 2000		APRIL 10, 2000
REVIEWED BY:		APPROVED BY:
R. BAYO		R. BAYO
REVISION NO:		CONTRACT NO:
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES IMPLY TOLERANCES ±.01 IMPLY THICKNESS ±.005 ANGLES ± 1°		
SUB:	CAGE CODE:	DRAW. NO:
B	37M26	647.1800
SCALE: NONE		REV: N/C
SHEET 5 OF 7		

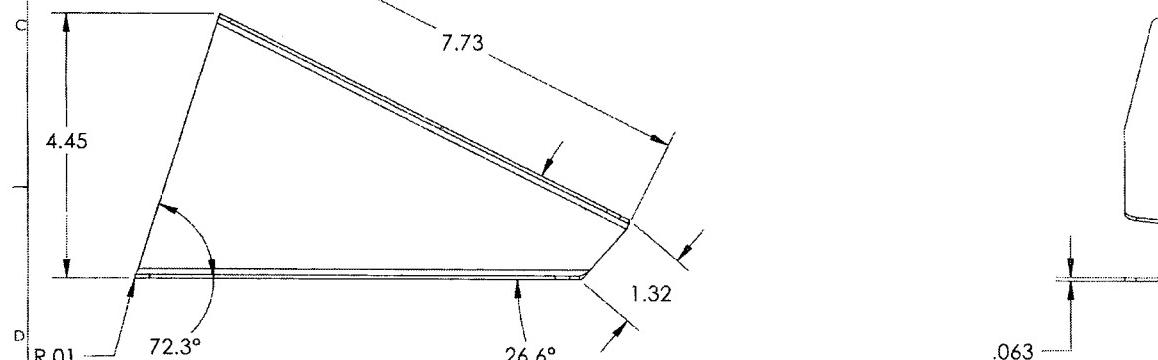
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A



647.1816 SHOWN  
647.1817 OPPOSITE



DESIGNER:	NAME:	DATE:	
DRAFTER:	NAME:	DATE:	
SPONSOR:	NAME:	DATE:	
DRAWING APPROVAL			
SOLICIT			
CONTRACTING			
UNLESS OTHERWISE SPECIFIED DEGREES + EQUATION + 0.0000 PLACE DECIMALS + 0.0000 SPACE DECIMALS + 0.0000 WIGE + 0.0000			
APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300			
SHEETMETAL			
SET	CAGE CODE	DMO. NO.	RSV
B	07M26	647.1800	N/C
SCALE: NONE			SHEET 6 OF 7

2  
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APICAL INDUSTRIES AND CONFIDENTIAL IN NATURE OR WHICH  
THE WRITTEN REQUEST FOR APPROVAL BEING MADE IS RECOMMENDED.

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4

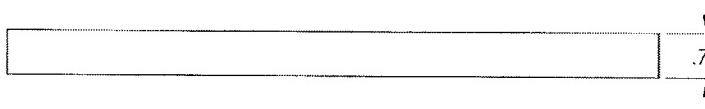
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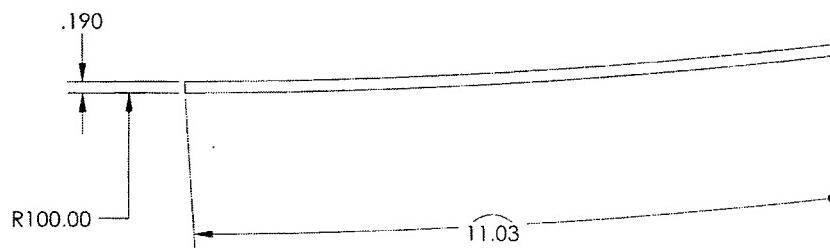
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9/20/11



647.1818



ORIGINAL DATE	10/15/08	DRWNSR:	J GARDNER	TCHEKED:	P BRAVO
DRAWING APPROVAL	01/01/09	APPROVED:	J GARDNER	DATE:	01/01/09
CONTRACT NO.		CONTRACT NO.		CONTRACT NO.	
COPIES OF THIS DRAWING ARE SPECIFIED CONVENTIONS ARE AS FOLLOWS: TOLERANCES ARE AS FOLLOWS: 1 PLACE DECIMALS = ±.025 2 PLACES = ±.003 3 PLACES = ±.001 4 PLACES = ±.0001					
UN:	07M26	DWG. NO:	647.1800	REV:	N/C
SHEET:	1	OF	7		

DART AEROSPACE LTD	Work Order:	92011
Description: Angle	Part Number:	647.1813
Inspection Dwg: 647.1800 Rev: 10/c		Page 1 of 1

## **FIRST ARTICLE INSPECTION CHECKLIST**

DAY

<b>Measured by:</b> Jm	<b>Audited by:</b> 15 S-89	<b>Preliminary Approval:</b>
<b>Date:</b> 12-11-01	<b>Date:</b> 12/11/01	<b>Date:</b>

<b>Rev</b>	<b>Date</b>	<b>Change</b>	<b>Revised by</b>	<b>Approved</b>
E	10.04.14	Added preliminary approval	KJ	

10.04.15